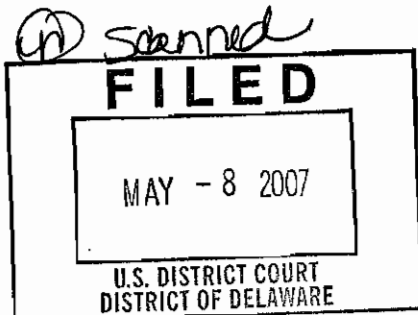


United States District Court
For the District of Delaware

Acknowledgement of Service Form
For Service By Return Receipt

Civil Action No. 07cv82GMS



Attached below is a return receipt card reflecting proof of service upon the named party on the date show.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>Margaret Slack</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Correctional Medical Services 1201 College Park Drive Suite 101 Dover, DE 19904</p>		<p>B. Received by (Printed Name) <i>Margaret Slack</i></p>	
		<p>C. Date of Delivery <i>5-7-07</i></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p><i>07-82GMS</i></p>	
		<p>7005 1820 0004 3169 7050</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	